

Suppl. 1. Survey for the advancement of *CE*

<p>1. Gender ① Men ② Women</p> <p>2. Age (yr) ① 20–30 ② 31–40 ③ 41–50 ④ 51–60 ⑤ >60</p> <p>3. Work type ① University hospital or tertiary referral center ② Secondary hospital ③ Fellow ④ Private clinic</p> <p>4. How often do you read <i>CE</i>? ① >1–2 times per week ② 1–2 times per month ③ 1–2 times per year ④ Never</p> <p>4-1. If your response included numbers 1–3, <i>CE</i> was ① very helpful ② not so good ③ not helpful</p> <p>4-2. If your choice was “never,” the reason was ① lower quality ② not an SCIE journal ③ no recent trends ④ no interest about it being a domestic journal ⑤ do not know how to access the journal</p> <p>5. What types of articles are the most beneficial to you? ① Reviews ② Meta-analyses ③ Original articles ④ Editorials ⑤ Quizzes ⑥ Case reports ⑦ Guidelines</p> <p>6. What type do you read least? ① Reviews ② Meta-analyses ③ Original articles ④ Editorials ⑤ Quizzes ⑥ Case reports ⑦ Guidelines</p>	<p>7. Willing to submit a paper to <i>CE</i>? ① Yes ② No</p> <p>7-1. If your answer was “no,” the reason was ① not SCIE ② mismatched with journal trends ③ long duration to publication ④ difficult acceptance ⑤ difficult process ⑥ no concerns</p> <p>8. Have you ever used <i>CE</i> as a reference? ① Yes ② No</p> <p>8-1. If your answer was “no,” the reason was ① not SCIE ② domestic journal ③ lower quality ④ do not know <i>CE</i> well ⑤ have not written a paper</p> <p>9. Are you willing to accept a peer review request from <i>CE</i>? ① Yes ② No</p> <p>9-1. If your answer was “no,” the reason was ① not SCIE ② because it is not the journal I want ③ difficult review process ④ too busy ⑤ no experience reviewing</p> <p>10. Expectations for <i>CE</i> ① Increase the number of publications ② Quality improvement (including SCIE, improved visual design such as diagrams and pictures) ③ Increase the number of guidelines or reviews ④ Increase the number of case reports ⑤ Publish manuscripts by famous scholars ⑥ Enter SCIE ⑦ Others</p>
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CE, *Clinical Endoscopy*; SCIE, Science Citation Index Expanded.